

Negative Pressure Wound Therapy Competency

Name		Job title
Location		

There is an expectation with all competencies that you will be able to articulate underpinning anatomy and physiology including NPWT theory.

Competency	Date of Education received and over 80% pass achieved	Date application observed	Date application supervised	Date application supervised in practice (if required)
Attended Skin Integrity Champion session and achieved >80% in post- course questionnaire within past 2 years.				
Demonstrate ability to apply NPWT/ sNPWT competently and safely using 3 types of NPWT:				
Foam <ul style="list-style-type: none"> Demonstrates rationale and understanding for use of foam dressing underneath NPWT. Prepare: Obtain consent from patient; ensure adequate analgesia; demonstrates how to order equipment. Dress: Dress the wound safely using aseptic non-touch technique; turn on pump and achieve seal; demonstrates how to troubleshoot leaks. Document: demonstrates how to correctly document care plan and wound assessment. Review: demonstrates when to plan next dressing change. 				
AMD Gauze <ul style="list-style-type: none"> Demonstrates rationale and understanding for use of AMD Gauze dressing underneath NPWT. Prepare: Obtain consent from patient; ensure adequate analgesia; demonstrates how to order equipment. Dress: Dress the wound safely using aseptic non-touch technique; turn on pump and achieve seal; demonstrates how to troubleshoot leaks. Document: demonstrates how to correctly document care plan and wound assessment. Review: demonstrates when to plan next dressing change. 				
PICO 7 <ul style="list-style-type: none"> Demonstrates rationale and understanding for use of sNPWT using PICO 7; demonstrates knowledge of when to use appropriate wound filler. Prepare: Obtain consent from patient; ensure adequate analgesia; demonstrates how to order equipment. Dress: Dress the wound safely using aseptic non-touch technique; turn on pump and achieve seal; demonstrate how to troubleshoot leaks. Document: demonstrates how to correctly document care plan and wound assessment. Review: demonstrates when to plan next dressing change. 				

Declaration of Competence

I declare that I have undertaken a period of supervised practice with a suitably qualified practitioner. I have demonstrated a clear ability to apply the NPWT and sNPWT safely identifying the underpinning theoretical knowledge.

Mentee:.....Date:.....

Mentor:.....Date:.....

Approved Competence:

Name of SIT Nurse:.....

Signature of SIT Nurse:.....

Date:.....

3 year review date:.....